

KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS**PO Box 1360****Frankfort, KY 40602****finance.ky.gov/ourcabinet/caboff/OAS/op/****Application for Renewal as a Professional Geologist**

«First» «Last»

«LStreet1»

«LStreet2»

«LCity» «LState» «LZip5»

Your professional geologist registration expires on «ExpireDt». In accordance with KRS Chapter 322A and regulations governing this profession, you are required to renew your registration annually with the transmittal of this form and a renewal fee of \$50.00, (check or money order only) made payable to Kentucky State Treasurer. Please return completed form with fee to the address above prior to the deadline date of September 30, 2007. The fee for renewals received during the 90 day grace period (October 1-December 29) is \$75.00. Registrations not renewed by December 29, 2007, will be suspended and you must immediately CEASE AND DESIST the practice of Geology in Kentucky. No exceptions shall be made.

PLEASE COMPLETE ALL OF THE FOLLOWING:

Name

Present place of employment

Address

Address

Address

Address

City**State****Zip**

City**State****Zip**

Home telephone number

Business telephone number

Home e-mail address

Business e-mail address

«SSN»**Social Security number**

«LicenseNb»**Registration number**

1. Have you been convicted of a felony since your last application or renewal? () No () Yes
If yes, list offense and provide details on a separate sheet of paper.
2. Have you been denied registration/certification/licensure in another state? () No () Yes
If yes, give details on a separate sheet of paper.
3. Have you been subject to disciplinary action in another state? () No () Yes
4. Are you currently serving in the military? () No () Yes

Please complete reverse side

5. List any state in which you have become registered/certified/licensed since your last renewal.

6. What is your current primary employment setting? (check one)

- ☐ Government Agency
☐ Private Industry or Business (single employer)
☐ Consulting (multiple clients or employers)
☐ Academic Institution
☐ Other (please describe): _____

6. What is your current primary area of practice? (check one)

- ☐ Environmental Geology/Hydrogeology
☐ Engineering Geology/Geotechnical
☐ Mineral Resources - Coal
☐ Mineral Resources - Oil and Gas
☐ Other (please describe): _____

AFFIDAVIT

I do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, I could be subject to disciplinary action by the Board of Registration for Professional Geologists.

Signature: _____ **Date:** _____
(Sign your name - Do not print or type)